

**The Alumni Association of
The College of Saint Rose, Inc.
Tier Two Membership Form**

I, _____, a member in good standing of The Alumni Association of The College of Saint Rose, Inc. wish to become a Tier Two Voting Member of the Association, hereby granting me the privilege to vote at the Association's Annual Meeting and/or Special Meetings, in all future elections, and any other time a vote is required by the Association's Tier Two Membership.

Printed Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Graduation Year(s): _____

Date: _____

For Board of Director and Officer Elections, I wish to vote:

via paper ballot, mailed to my address above

OR

via online voting and I have indicated my preferred email address above

The Alumni Association of The College of Saint Rose
432 Western Avenue
Albany, New York 12203-1490
518.454.5196 alumni@strose.edu

Please note: If you have previously opted out of college emails, completing this form will lift that restriction.